

<b>Case Number:</b>	CM13-0060550		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 64 year old female who sustained a work related injury on 2/2/2004. Per a PR-2 dated 7/10/2014, she had chiropractic for her injury starting in 2/1999. She had about 10 months of chiropractic and she recalls the treatment being of some benefit. Prior treatment for the current injury includes physical therapy, acupuncture, injections, surgery, and oral medication. Per a report dated 11/19/2013, the claimant has not worked since 2004. She has right elbow pain and bilateral hand weakness and pain. Her diagnoses are bilateral elbow pain post cubital tunnel release, possible medial epicondylitis, bilateral de Quervain's tendonitis, bilateral hand weakness post carpal tunnel release, mild radial carpal arthritis, persistent bilateral wrist pain, persistent right elbow pain, left hand trigger releases, and continuous trauma injury.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CHIROPRACTIC THERAPY FOR THE CERVICAL AND LUMBAR SPINE (12 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living, a reduction in work restrictions, reduction of medication, or a reduction of dependency on continued medical treatment. The claimant has had six chiropractic visits approved recently. There is no documentation of functional improvement in relation to the completion of the authorized treatment. If this is a request for an initial trial, a prior chiropractic treatment course of ten sessions is documented without documentation of functional improvement. Therefore, 12 visits of chiropractic are not medically necessary.